



Self-care in family planning: Understanding end-user perspectives



JUNE 2023



Background

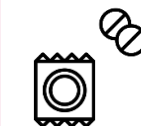
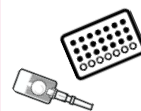
Self-care is the ability of individuals, families and communities to promote health, prevent disease, maintain health and cope with illness and disability with or without the support of a health worker. (WHO Guideline on Self-Care Interventions)

People-centered framing*



Capacity to make decisions and to make use of available resources

Health-system centered framing*



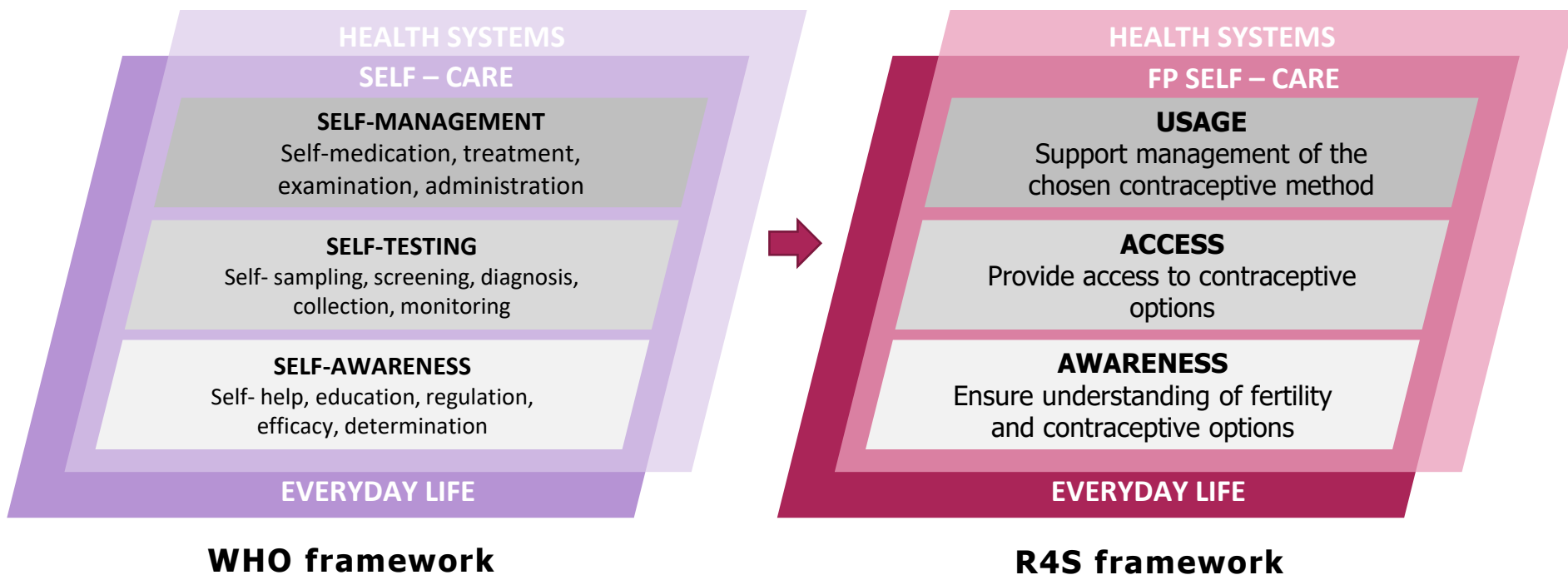
Self-injectable contraceptives; oral contraceptives; emergency contraception; male and female condoms; diaphragm; foam/jelly; SDM; LAM

Family planning information found online or on mobile phone apps

*Narashiman M, Allotey P, Hardon A. Self care interventions to advance health and wellbeing: a conceptual framework to inform normative guidance. BMJ 2018;365:l668

➤ R4S FP self-care framework






- Exploration of FP self-care under R4S is:
 - **Holistic:** spans the three stages of self-care adapted from WHO
 - **Inductive:** accounts for contextualized understanding of family planning self-care



Methods


Study 1: Explore understanding of self-care and describe FP behaviors and preferences


Cross-sectional, mixed method study including a survey with women and men and in-depth interviews (IDIs) with women, men, and providers in Nepal, Niger and Uganda and IDIs with community leaders in Niger

			
 Women	430	510	374
 Women	35	30	36
Men	19	13	20
Providers	12	10	12

Study 2: Examine interests and preferences related to FP self-care interventions

Addition of a mini-module of 21 survey questions to the PMA female questionnaire

 Kenya (n=9,271)

 Kano (n=1,121)
Lagos (n=1,291)



Scope of the presentation

1. Overall **understanding of self-care**

2. Deep dive into each stage (awareness, access, usage)

- Associated family planning **behaviors**

- **Preferences** related to WHO self-care interventions

- *Awareness* : Mobile access to information
- *Access/usage* : Methods that can be self-administered



Research for Scalable Solutions

Understanding of self-care



› IDIs with women, men and providers

- Exploration of self-care perceptions

- When I use the term “self-care”, what does that mean for you?
 - How would you describe it when it comes to family planning?

- Provision of a definition when needed

The ability of individuals, families or communities to promote and maintain sexual health and avoid unintended pregnancies with or without the help of a healthcare provider.



› What does self-care mean?

Self-care considered as a **range of behaviors to maintain health and prevent illness** for self, family and community.

- Most described maintaining good personal hygiene, eating nutritious foods, using home remedies or self-treatment for common health problems, but knowing when to go to a provider.

*In other words, **bathing well, cleaning the home and eating healthy food.** The wife must check on the cleanliness of utensils before cooking, and then rinse everything well after serving a meal.*

44-YEAR-OLD MARRIED WOMAN, NIGER

- Some men in Niger and Uganda described self-care as having the economic means to sustain the family.

*Self-care you can be taking care of yourself, you can provide everything for yourself, if it's food **you can buy it**, you have you own house, so **you can provide most of the things** for yourself sir.*

21-YEAR-OLD MARRIED MAN, URBAN UGANDA



› Perceived meaning of FP self-care

- The concept of self-care for FP was **difficult** for some women and men **to conceptualize at first**.
- Most participants suggested that self-care for FP meant **using a method to space children**, although for many, this arose after receiving the WHO definition.

*HOW DO YOUR OWN (FP) EXPERIENCES COMPARE WITH YOUR IDEA OF SELF-CARE? WHY? Yes, it does. But after talking with you I've come to realize that self-care is not only taking care of yourself, it is a lot more. It is **also about using contraceptives, to take care of your all your reproductive health as well**. I got to learn a lot of things I hadn't considered before.*

34-YEAR-OLD MARRIED WOMAN, RURAL NEPAL

- Both **modern** methods and **natural/traditional** ones were mentioned, although method composition differed across countries.



› FP self-care by country

- For some men and women, FP self-care meant obtaining methods outside the clinic – from *traveling salesmen or marabouts* or using breastfeeding (MAMA) or calendar methods. Providers acknowledged these practices but did not approve.

*In my opinion, FP self-care without seeing a provider is **not an option that should be left to the client.***

FP PROVIDER, PUBLIC CLINIC, RURAL NIGER

- FP self-care was often viewed as seeking information and selecting a modern method through a clinic – at least when first initiating FP.
- Some women and providers viewed FP self-care as managing FP appointments, seeking assistance for FP challenges and maintaining proper nutrition while using FP.

*It means that she (a woman) **keeps her appointment dates** for family planning and goes back. When the time for the family planning method expires, she goes back, when the months she was given elapse, she goes back.*

19-YEAR-OLD SINGLE WOMAN, URBAN UGANDA

➤ **Understanding self-care: Key take-aways**

- The concept of self-care does not really exist for many people. When prompted, their definition is quite broad, and relates to general health and wellness.
- For many women, the concept of self-care for FP is hard to distinguish from their perception of FP in general but refers to spacing.
 - Not linked to specific methods.
 - Descriptions seem to emphasize feeling empowered with knowledge to make the right decision/choice for the individual/couple about how to space pregnancies.
- Perceptions of what methods “count” as self-care varied and differed from WHO guidance.






Research for Scalable Solutions

Awareness

Ensure understanding of fertility and contraceptive options

- Fertility awareness – *Study 1*
- Preferences – *Study 1, Study 2*
 - Interest in mobile channels for receiving information
 - Types of information of interest

› Fertility awareness

	 NEPAL n=430	 NIGER n=510	 UGANDA n=374
Awareness of, %*			
Age at menarche	98	85	92
Signs a girl is able to get pregnant	95	62	72
First day of menstrual cycle	95	67	62
Length of menstrual cycle	96	71	75
Timing of fertile period	40	12	16
Duration of fertile period	44	43	48
Fertility awareness score**	4.7	3.4	3.6

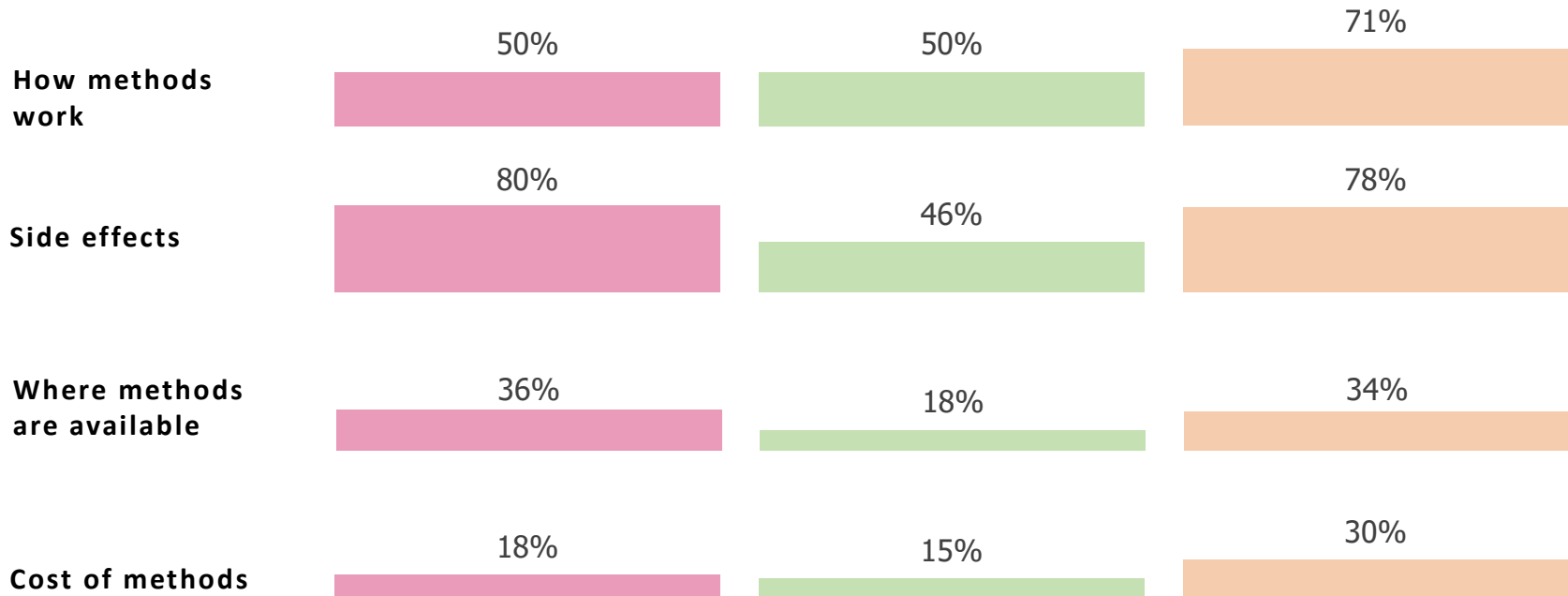
* Proportion of respondents selecting the correct response from multiple response options read to them


** Additive score based on the number of correct responses across the 6 items (possible range of 0-6)




Interest in additional types of information

What **types of information** would you be interested in?



 **NEPAL**
n=430

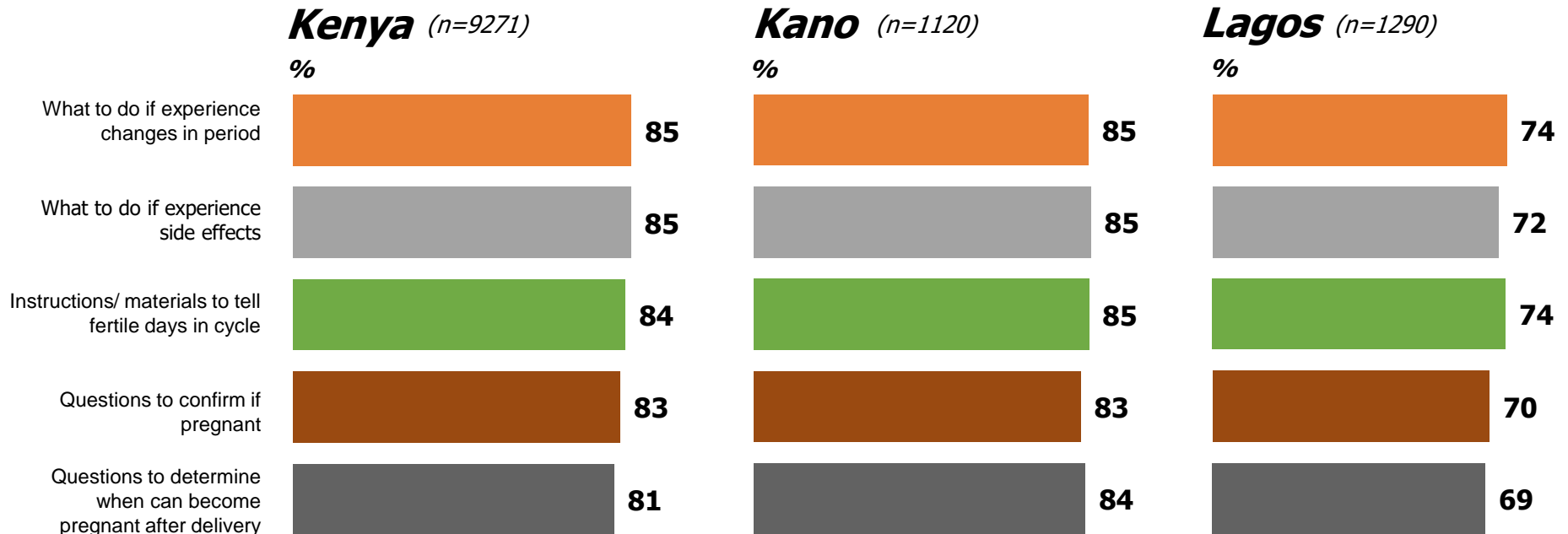
 **NIGER**
n=510

 **UGANDA**
n=374



> Type of information interested in

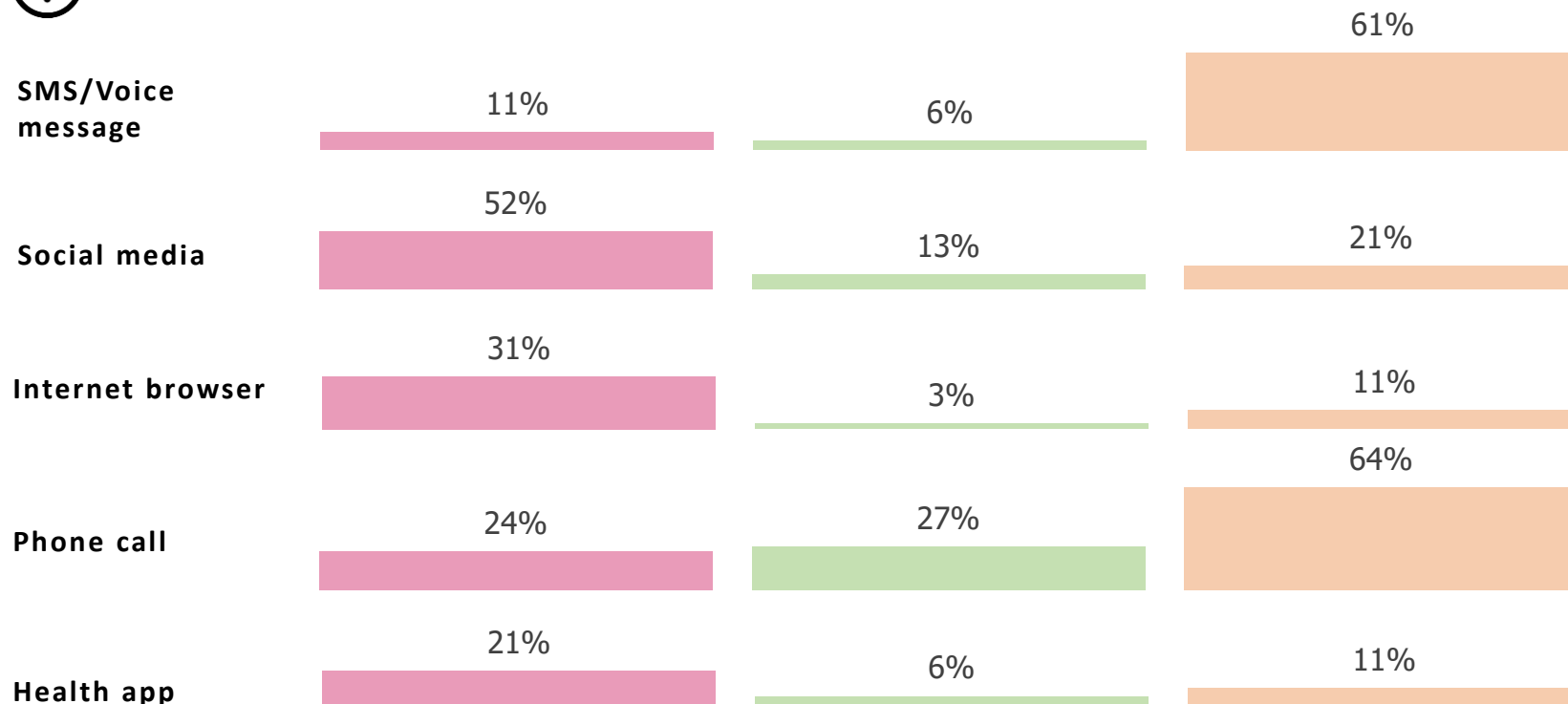
① Would you be interested in getting **information on your own** on...?




*By “on your own”, we mean without necessarily having to access or speak to a healthcare provider at a facility

Interest in mobile access to information

Would you be interested in **learning more about family planning** from:



 **NEPAL**
n=430

 **NIGER**
n=510

 **UGANDA**
n=374

Interest in mobile access to information

Kenya

Kano

Lagos

Would be interested in receiving information* via **voice or text message** on a mobile phone



90%

(n=8348)



90%

(n=954)



88%

(n=1041)

Would be interested in receiving information* via **social media** such as Facebook, Viber, Twitter, WhatsApp or others



56%

(n=8347)



49%

(n=953)



72%

(n=1040)

*Information may include: series of questions you could use on your own to confirm if you are pregnant, series of questions you could use on your own to determine return to fertility after giving birth, instructions and materials you could use on your own to track menstrual cycle and determine fertile days, information to manage changes to menstrual bleeding you could use on your own, information to manage side effects you could use on your own.



Research for Scalable Solutions

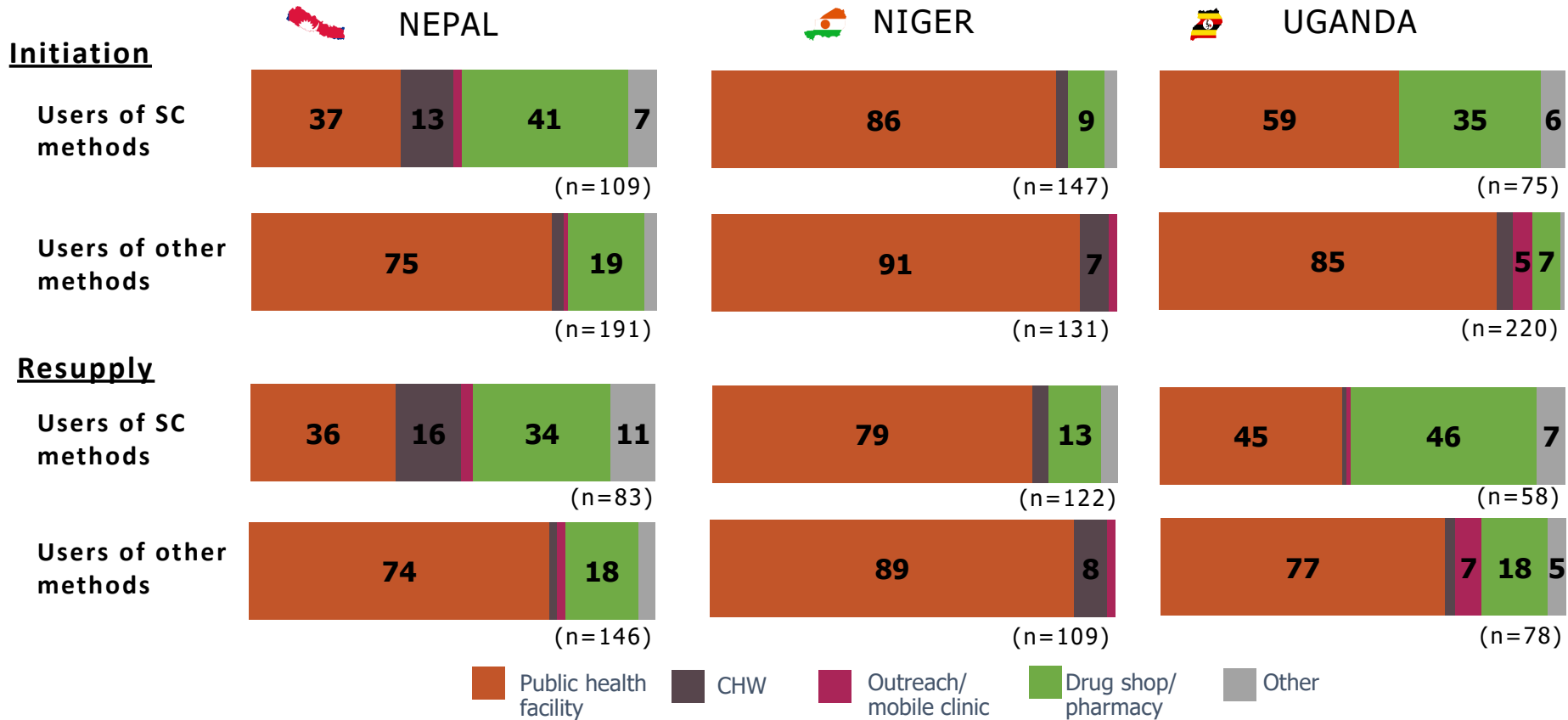
Access

Provide access to contraceptive options

- Source of supply at initiation and resupply – *Study 1*
- Preferences – *Study 1, Study 2*
 - Interest in receiving methods from sources other than health facility and preferred source of supply
 - Importance of engaging with a provider and benefits of engaging/not engaging with a provider

Source of supply

Among women who are current/recent users of modern contraception:



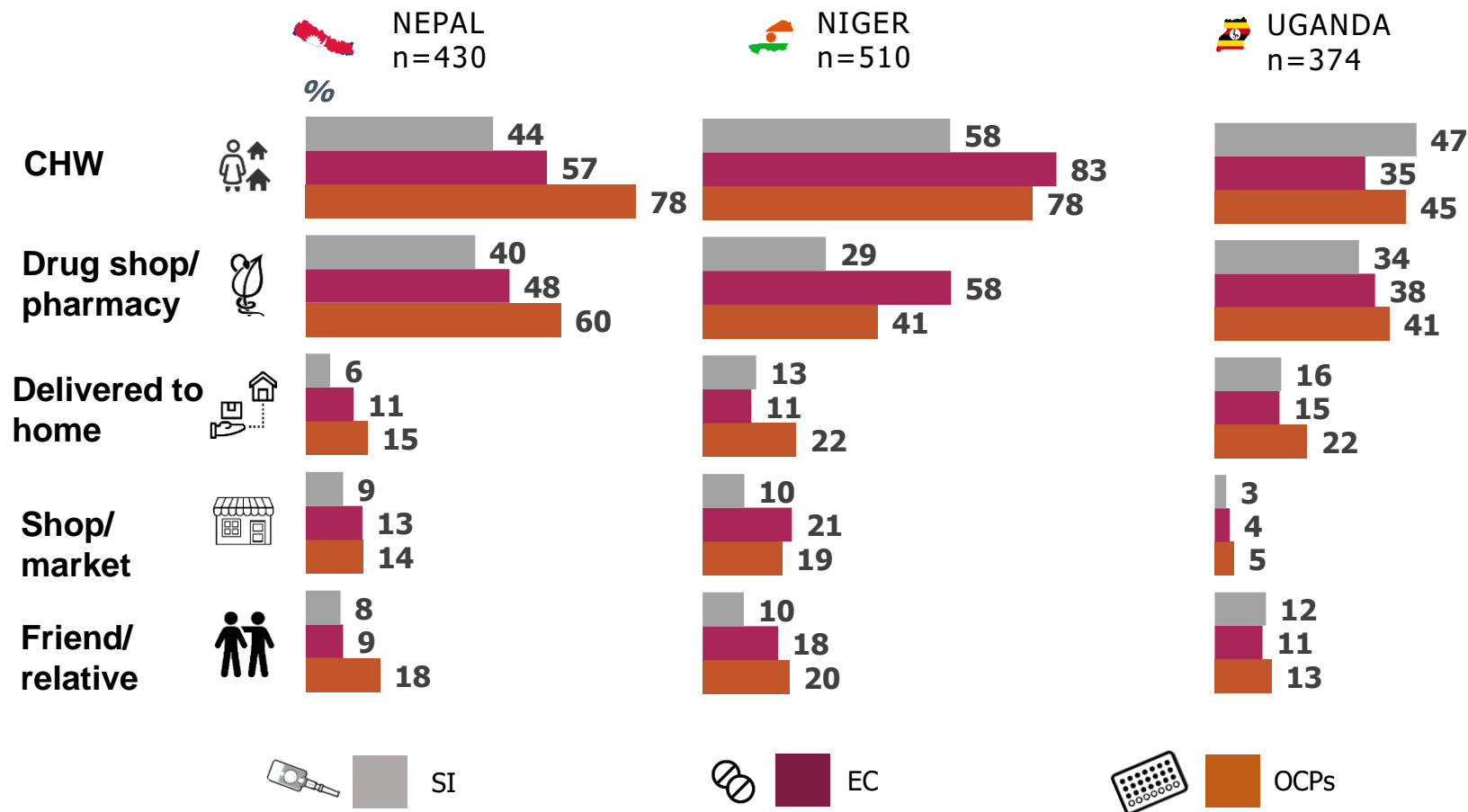
SC methods: Self-injection, pill, EC, male/female condoms, diaphragm, foam/jelly, SDM, LAM.

Other methods: IUD, implant, and injection by a provider

Values below 5% are not labelled

Interest in receiving method from other sources apart from health facility

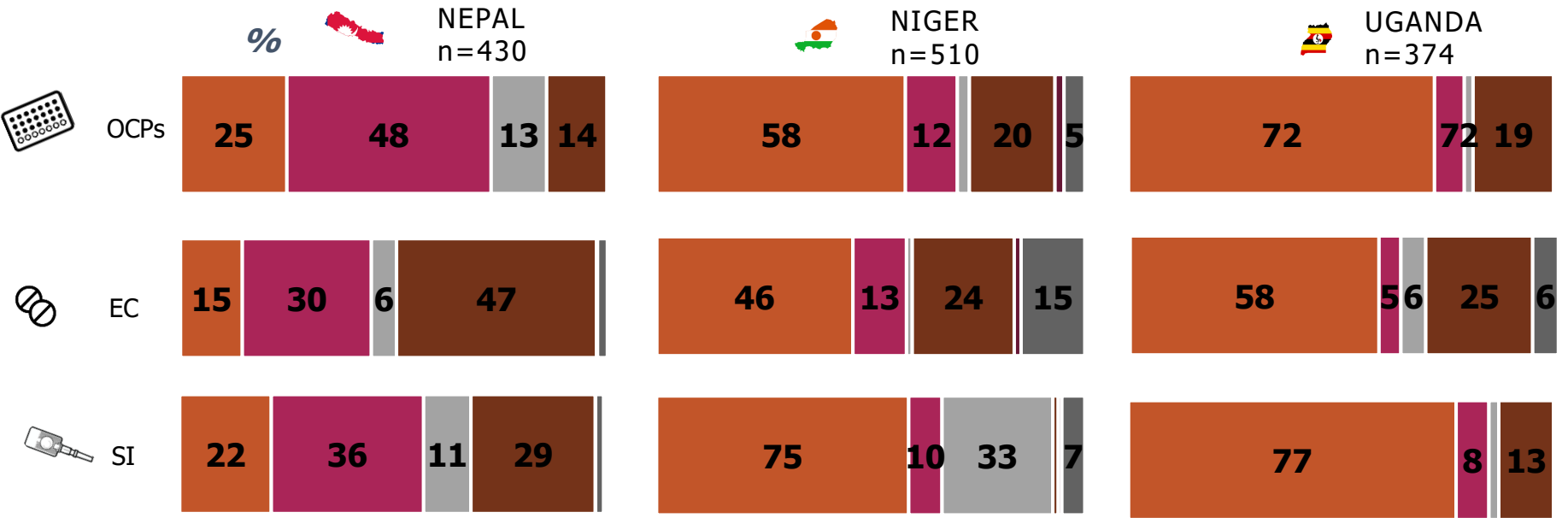
Would you be interested in receiving the following method from:



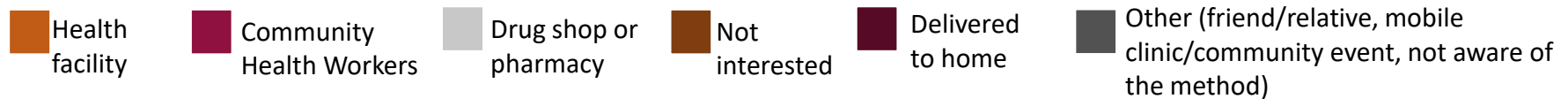
Preferred source of supply



If you didn't have to pay for the product, where would you most like to obtain:



Values below 5% are not labelled



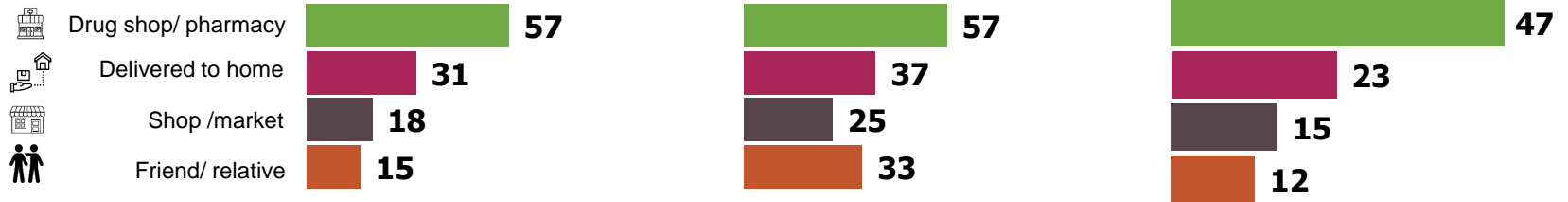
Interest in receiving method from other sources apart from health facility

  **OCP or EC**

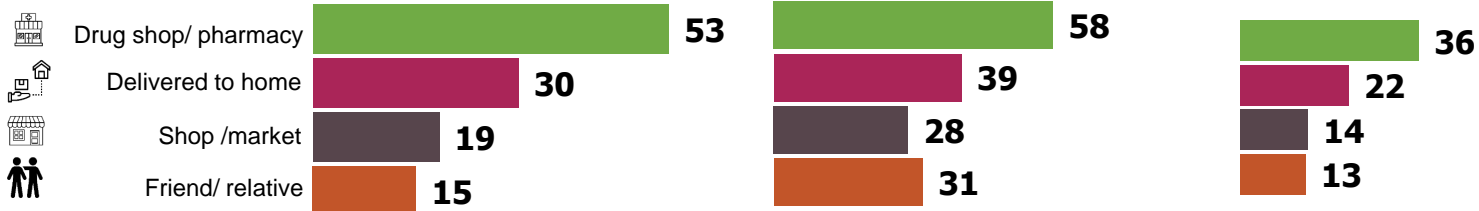
Kenya (n=9271)

Kano (n=1120)

Lagos (n=1290)

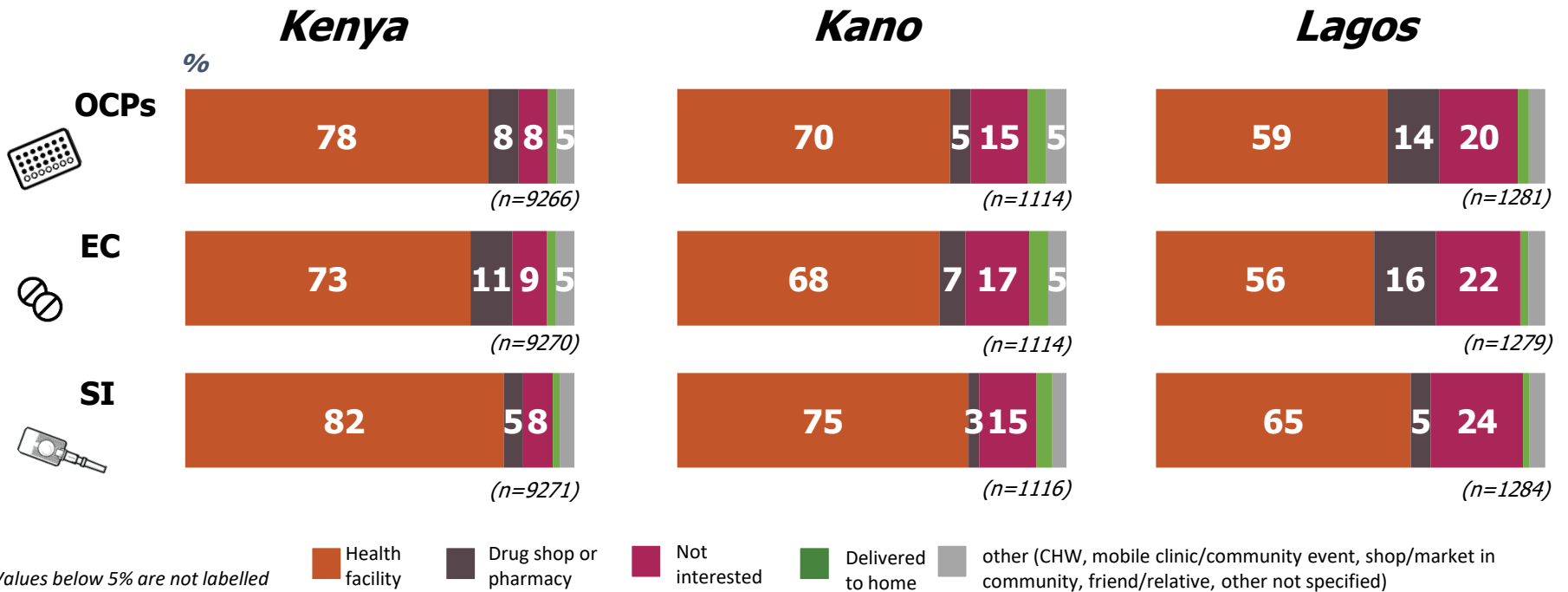


 **DMPA self-injection**



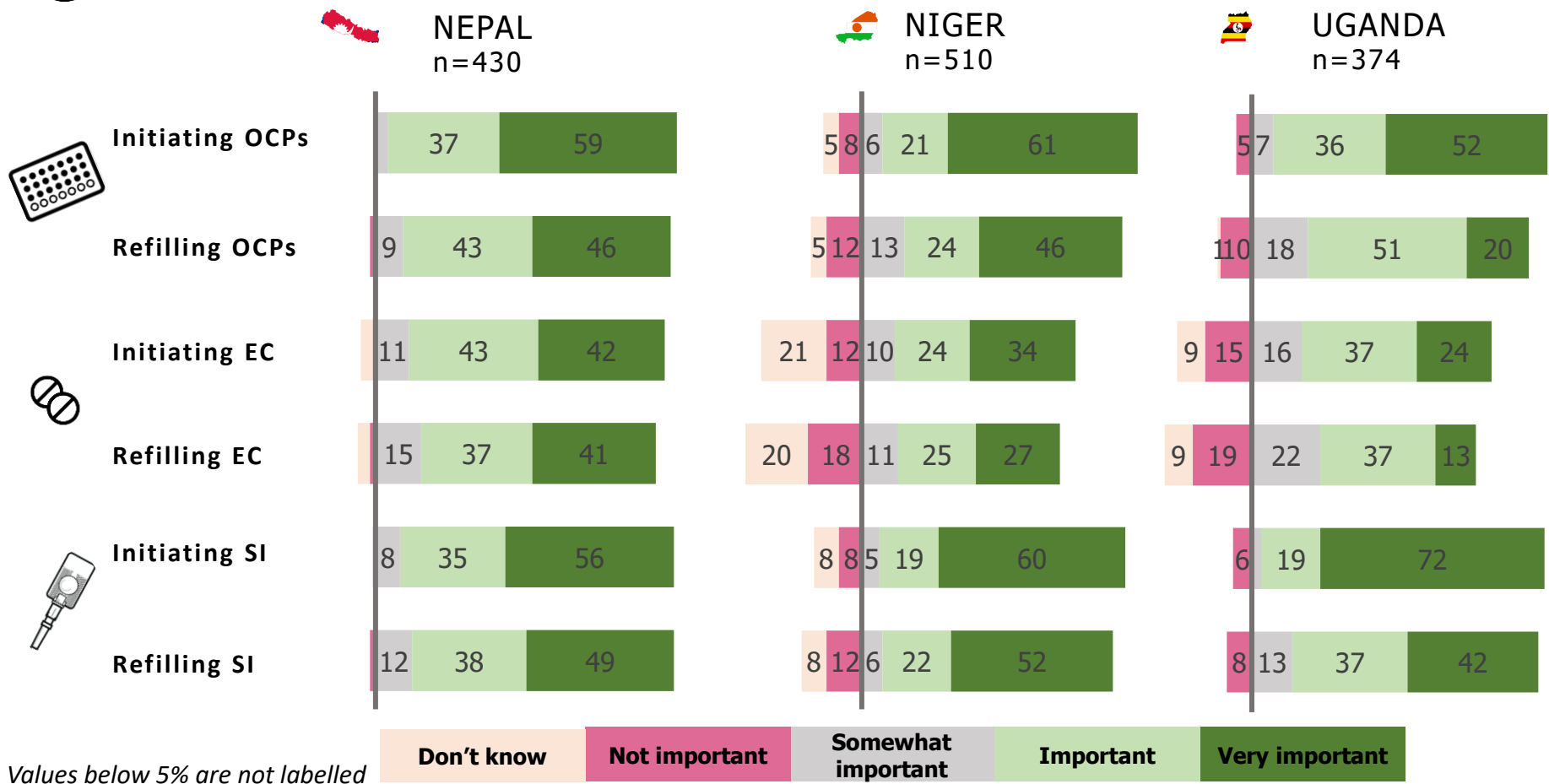
Preferred source of supply

❓ If you didn't have to pay for the product, where would you most like to obtain:



Perceived importance of engaging with a provider or CHW

? How important is it to involve a provider or CHW when:



Perceived importance of engaging with a provider

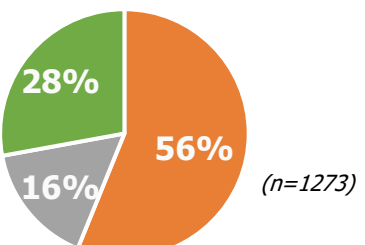
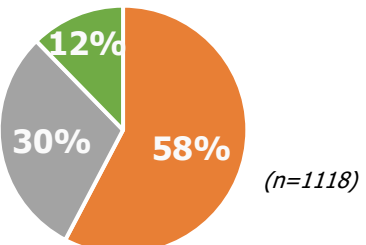
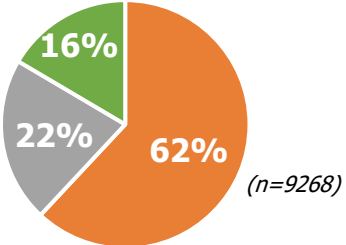
How important is it to engage with a provider when starting or while using:

Kenya

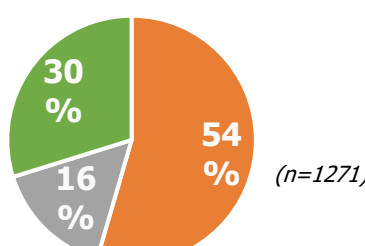
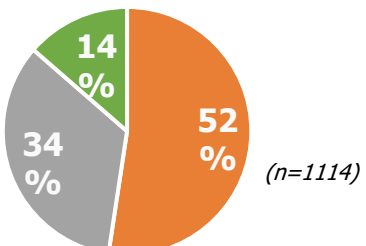
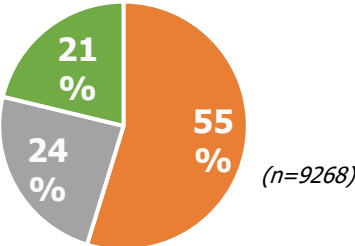
Kano

Lagos

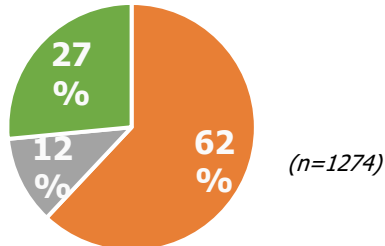
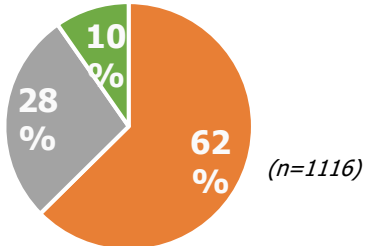
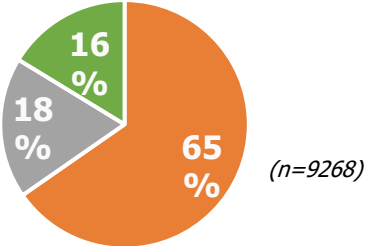
OCP



EC



DMPA self-injection



Very important
Somewhat important
Not important



Benefits of engaging with a provider

Benefits of engaging with provider when starting or while using OCPs, ECs or Inj.

Benefit of engaging	Nepal (%) n=430	Niger (%) n=510	Uganda (%) n=374
Close to home	43	12	2
Saves time	39	7	9
Learn about different methods	35	23	50
Get accurate information	34	27	31
Low cost	33	11	3
Discreet/confidential	30	14	4
Learn how to use selected method	23	39	48
Manage side effects	23	38	37
Get recommendation	13	34	50

*Multiple responses possible.
Top 3 reasons noted in bold



Benefits of engaging with a provider

Top reasons to engage with a provider when starting or while using OCPs, ECs or Inj.

Benefit of engaging	Kenya	Kano	Lagos
Learn about different methods	46.6	25.9	30.3
Learn how to use selected method	42.4	24.4	29.3
Get recommendation	41.8	27.9	35.6
Discrete/confidential	29.5	34.1	11.0
Manage side effects	37.4	31.6	24.8
Close to home	33.9	30.0	10.5
Get accurate information	40.7	28.4	30.9
Low cost	24.9	22.3	8.7

*Multiple responses possible.
Top 3 reasons noted in bold



Benefits of not engaging with a provider

Benefits of not engaging with provider when starting/while using OCPs, ECs or Inj.

Benefit of not engaging	Nepal (%) n=430	Niger (%) n=510	Uganda (%) n=374
No benefit	61	77	34
Lower cost	20	1	13
Discretion/confidentiality	20	3	11
No need to travel/less travel	16	9	22
Saves time	13	7	37
More control	12	1	15
Flexible schedule/Information when I want	6	1	12

*Multiple responses possible.
Top 3 reasons noted in bold



Benefits of not engaging with a provider

Top reasons NOT to engage with a provider when starting or while using OCPs, ECs or Inj.

Benefit of not engaging	Kenya	Kano	Lagos
Saves time	54.1	47.9	25.8
No need to travel/less travel	39.2	27.9	13.5
Lower cost	26.7	20.5	11.3
No benefit	16.3	19.1	35.3
Flexible schedule/Information when I want	18.7	6.6	5.2

*Multiple responses possible.
Top 3 reasons noted in bold



Research for Scalable Solutions

Usage

Support management of the chosen contraceptive options

- Self-management of side effects – *Study 1*
- Preferences – *Study 1*
 - Interest in receiving assistance from sources other than health facility to manage side effects
 - Importance of engaging with a provider to manage side effects

Side effect management



NEPAL



NIGER

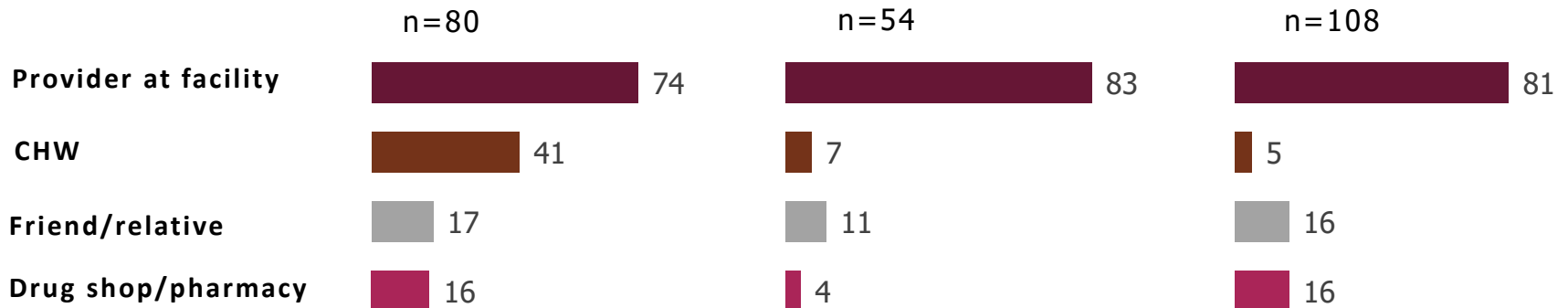


UGANDA

Approach to managing side effects among women who reported CIMCs or non-bleeding side effects during last episode of use



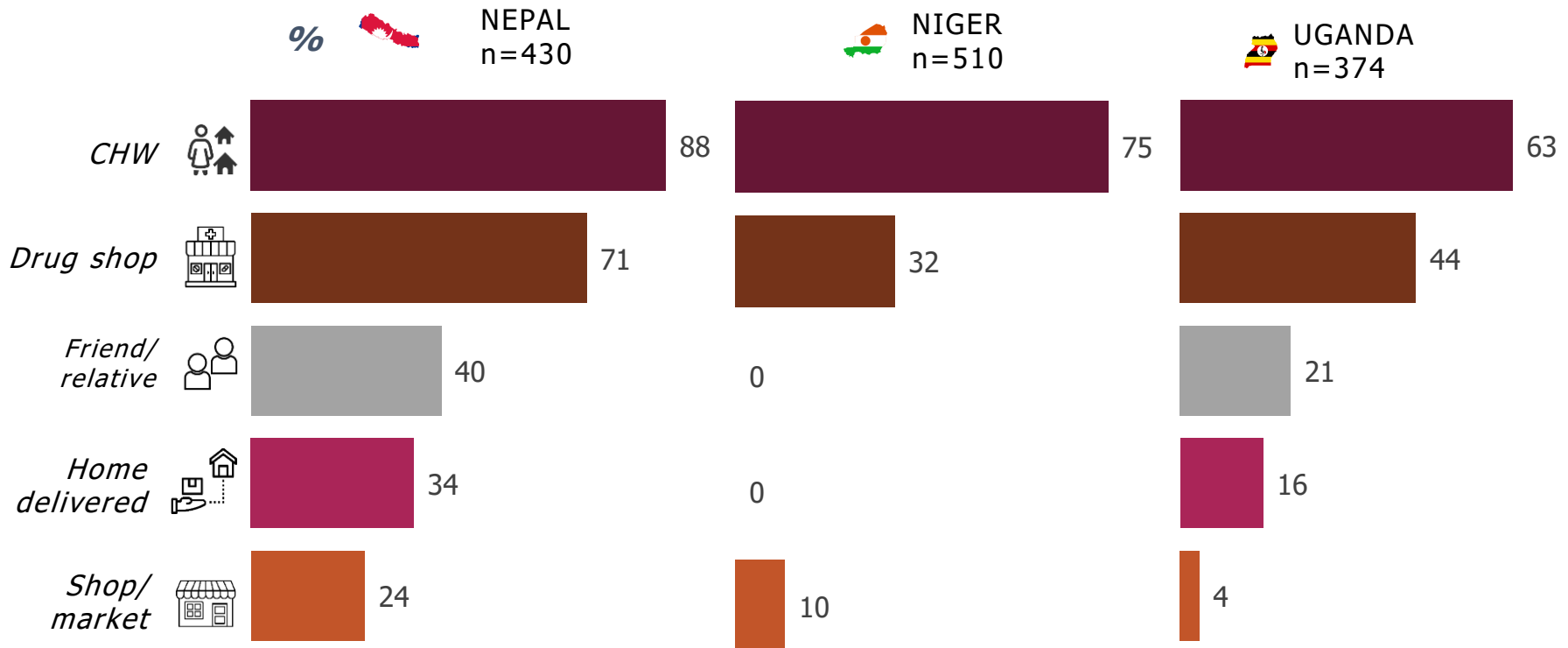
Among women who reported seeking assistance to manage CIMCs or non-bleeding side effects during last episode of use, place sought assistance:



†Reduced samples

Interest in receiving assistance for side effects management from non-traditional sources

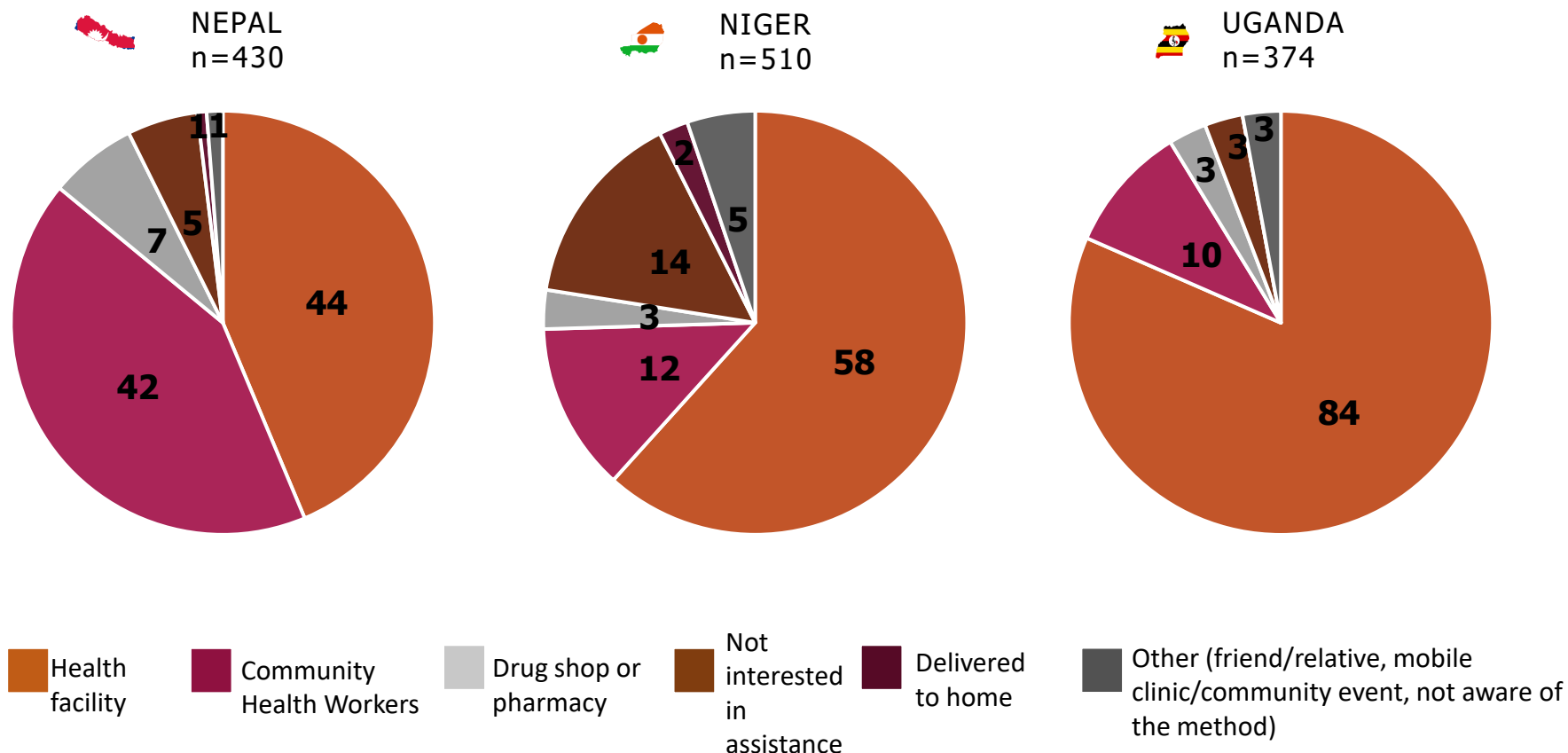
Would you be interested in getting assistance to manage CIMCs or other side effects from:



Preferred source of assistance



If you didn't have to pay for this service, where would you most like to get assistance to manage menstrual changes or other side effects?



Perceived importance of engaging with a provider or CHW

How important is it to involve a provider or CHW when:



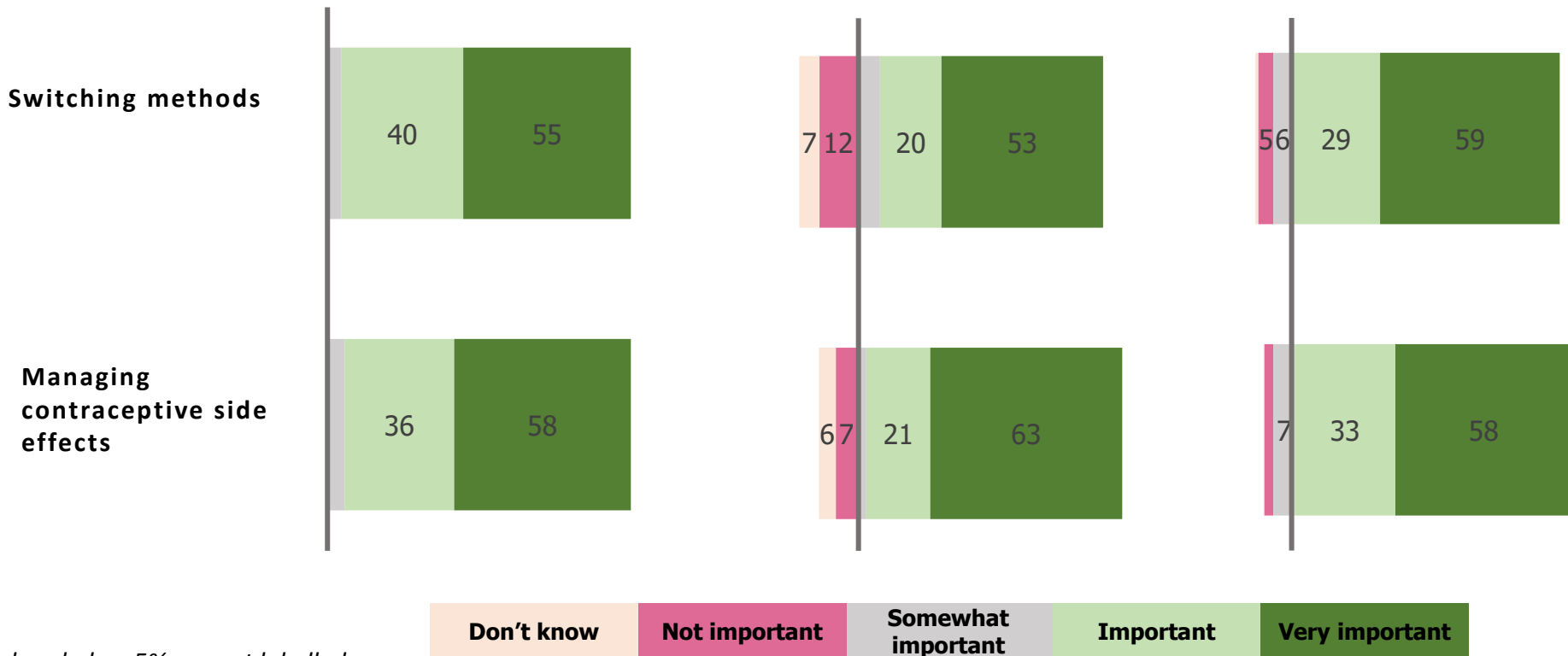
NEPAL
n=430



NIGER
n=510



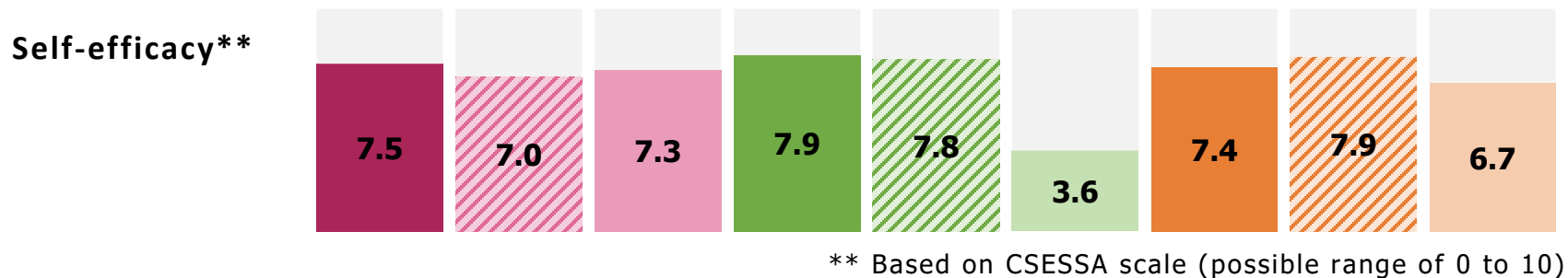
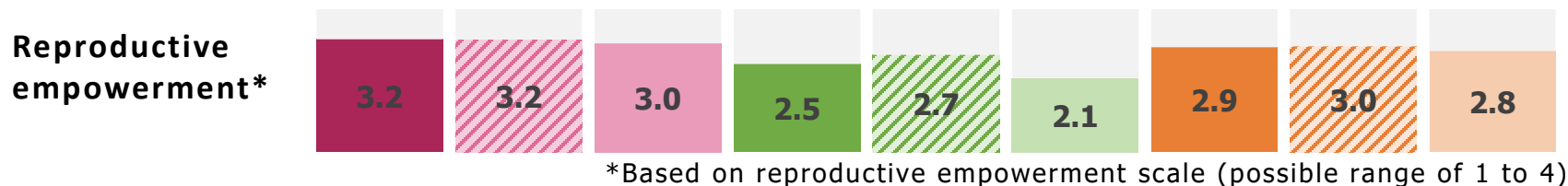
UGANDA
n=374



Values below 5% are not labelled



RE/SE by method use



NEPAL	NIGER	UGANDA
<p>Self-care method*** n=109</p>	<p>Self-care method*** n=149</p>	<p>Self-care method*** n=76</p>
<p>Other modern method n=191</p>	<p>Other modern method n=131</p>	<p>Other modern method n=220</p>
<p>Never used a modern method n= 130</p>	<p>Never used a modern method n= 230</p>	<p>Never used a modern method n= 76</p>

***Self-injection, pill, EC, male/female condoms, diaphragm, foam/jelly, SDM, LAM

› Stages of self-care: Key take-aways

- Fertility awareness is moderate —starting point for self-care
- General reliance on and preference for linking to a health facility or to the health system to access methods and to support continuation
 - Some shift to pharmacies/drug shops (Uganda/Niger) and CHWs (Nepal) for resupply
 - Reasons similar to those often cited as barriers to access (e.g., proximity, quality of services, cost)



➤ Stages of self-care: Key take-aways

- Interest in more information on fertility, methods and side effects, and “windows of opportunity” for using mobile/digital technologies
- Some windows of opportunity to include new channels.
 - Drug shops, but also home delivery, market, friend.
 - Would likely need to fulfill needs similar to those being met by providers.
- No clear relationship between RE/SE and method use other than in Niger (especially for SE).
 - Surprising? Or related to little perceived difference for women between SC and FP more broadly?



› Implications



Policy and programs



Development and content of self-care guidelines



Enhance awareness of self-care among individual men, women and communities



Clarify role of providers in supporting self-care



Popularize access points for self-care interventions including CHWs, drug shops, and digital



Research



Role of empowerment/self-efficacy in self-care



Better understanding of reasons WHY people prefer interaction with providers, and WHO the people are who don't want to engage with a provider and WHY

› Anticipated timeline for publications

Study 1 – Mixed-method study

- Manuscript on qualitative findings on understanding of self-care with planned submission to *Lancet Global Health* or *SRHM* in September 2023
- Manuscript on mixed-methods findings on behaviors and preferences aligned with stages of self-care with planned submission to *PlosOne* in September 2023

Study 2 – PMA module

- Single manuscript with planned submission to *GHSP* in July 2023

